

PRV – Outreach Provider-Requested Member Disenrollment

Purpose:

The purpose of this procedure is to process MediPASS Provider requested member disenrollment.

Identification of Roles:

Primary Role – Member Services staff will perform most of this procedure. Outreach and Education will evaluate whether disenrollment reasons meet good cause requirements and will generate letters to providers.

Performance Standards:

Increase MediPASS provider participation by five percent (5%) per year for each contract year, from base year. The base year is the 12-month period prior to the effective date of Iowa Medicaid Enterprise contract.

Path of Business Procedure:

Step 1: Received the MediPASS disenrollment request from Providers.

- a. Provider Services receives a scanned image of a MediPASS disenrollment request from the mailroom or via fax in OnBase in PRV02 'MediPASS Disenrollment'.

Step 2: Providers wish to disenroll a member.

- Provider must complete the Provider Request for Member Disenrollment form and forward it to IME Provider Services. The Provider Request for Member Disenrollment form must include:
 - a. The name and identification number (ID) of the current Managed Health Care (MHC) provider
 - b. Names and ID numbers for all partners who are enrolled in MHC
 - c. Names and ID numbers for all family members to be disenrolled
 - d. Reason for disenrollment
 - e. Documentation as needed

Step 3: Review request to determine if criteria are met

- a. Provider Outreach staff will review the request for adherence to Department of Human Services (DHS) good cause criteria. Staff may need to contact the provider's office for clarification. A MediPASS provider may wish to disenroll a member for good cause. DHS approved good cause reasons include:
 1. Member continuously fails appointments
 2. Member seeks unauthorized care from others
 3. Member is non-compliant with treatment regime
 4. Member is exhibiting drug seeking behavior
 5. Breakdown of provider/member relationship

6. Member is abusive with office staff

Step 4: Generate a denial letter to the provider.

- a. If the request does not meet good cause criteria, Provider Outreach staff will generate a denial letter to the provider. This letter will indicate why the request has been denied.

Reasons for denial will include:

1. Member is not currently on Medicaid
2. Member is not enrolled in MHC
3. Member is not enrolled with the provider or partner who is requesting the disenrollment
4. Member has already requested a new provider
5. The provider's reason for disenrollment does not meet DHS criteria

Step 5: Send Request to Member Services.

- a. If the request meets good cause criteria, the form will be forwarded through OnBase to Member Services for additional processing. The button "Send for Disenrollment" is used to send the forms to Member Services.
- b. Outreach staff will post a note on each form indicating that criteria is met, or any other instructions to Member Services.
- c. Member Services will do the processing that includes sending letters to members, disenrollment on MMIS, and completion of the appropriate disenrollment.

Step 6: Generate a disenrollment approval letter

- a. Once Member services have completed the disenrollment the form is returned to Outreach Staff. These will appear in the PRV02 queue back from Member Services.

Step 7: Outreach Staff Verification

- a. Outreach will review each member to ensure that disenrollment was completed correctly and verify through MMIS.
- b. Provider Outreach staff will generate a disenrollment approval letter for the provider, which will indicate the disenrollment effective date. The form is "Complete"
- c. If not done correctly, a note is attached and the form is returned to Member Services using the "Send to Member" button through the workflow on OnBase.

Forms/Reports:

N/A

RFP References:

6.4.6.3.3.a

Interfaces:

N/A

Attachments:

Process Map

